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STATE OF DELAWARE
DEPARTMENT OF STATE
DIVISION OF PROFESSIONAL REGULATION
BOARD OF MEDICAL PRACTICE

TELEPHONE: (302) 744-4500
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WEBSITE: WWW.DPR.DELAWARE.GOV

**INSTRUCTIONS FOR COMPLETING AN APPLICATION TO OBTAIN A CERTIFICATE TO
PRACTICE MEDICINE AND SURGERY IN THE STATE OF DELAWARE**

Dear Physician:

We are pleased to forward an application to you. Since the Delaware Board of Medical Practice requires primary source verifications of all credentials, **please follow these instructions**. If you have any questions, please contact the Delaware Board of Medical Practice at 302-744-4507 or at Victoria.Hall@state.de.us.

If you are utilizing the Federation of State Medical Board's (FSMB), Federation Credentials Verification Service (FCVS) you would need to submit in addition to the Physician Information Profile the following items numbered **1, 5, 9, 10, and 11**. Applicants must also submit the appropriate pro-rated, non-refundable processing fee. (See Fee Schedule for instructions.) Please make your check or money order payable to the "State of Delaware."

1. **Application:** Please type (or print legibly) when completing the application. You must read every question carefully and answer it thoroughly. Please note - Failure to answer any question or failure to answer any question truthfully may be considered falsification of your application for licensure and may lead to a denial of your application. Your application **must be notarized**. Please include the following with your completed application:
2. An **8 1/2" X 11" copy of your medical school diploma**. If you are a foreign medical graduate, please attach an English translation from a reputable translating organization.
3. An **8 1/2" X 11" copy of your current and valid Educational Commission for Foreign Medical Graduates (ECFMG) certificate** if you are a foreign medical graduate (see below).
4. Applicants who have graduated from a program approved by the American Medical Association (AMA) or American Osteopathic Association (AOA) in the United States (or its territories) or Canada must have completed one year of postgraduate training in the United States. All other applicants must have completed three years of postgraduate training in the United States. The only acceptable training programs are those that have been approved by the Accreditation Council for Graduate Medical Education. Please attach an **8 1/2" X 11" copy of your program's certificate(s)**.

5. Applicants must submit a check or money order payable to the "State of Delaware" for the pro-rated, non-refundable fee. Please refer to the Fee Schedule on our website for instructions.

6. **Examination Histories:**

The following examinations are considered to be licensing examinations. Many of these examinations are in multiple parts. Any and all of these parts are to be considered a medical licensing examination.

The Educational Commission for Foreign Medical Graduates (ECFMG). If you are a foreign medical school graduate, **please submit a copy of your ECFMG Certificate** with your application. You must also request an **official complete status report** (include all passing and failing attempts). This report must be sent directly to the Delaware Board of Medical Practice office. This request can also be obtained online at <http://www.ecfm.org> or you may reach them at:

ECFMG Certificate Verification Service
P.O. Box 48087
Newark, NJ 07101-4883
215-386-5900

The Federal Licensing Examination (FLEX), United States Medical Licensing Examination (USMLE), and Special Purpose Examination (SPEX) examinations are administered by the Federation of State Medical Boards. You must request a **complete** examination history (include all passing and failing attempts). Submit your request to:

Federation of State Medical Boards
400 Fuller Wiser Road, Suite 300
Eulless, TX 76039
817-868-4000

This report must be sent directly to the Delaware Board of Medical Practice office. This request can also be obtained online at <http://www.fsmb.org>.

The National Board of Medical Examiners (NBME) examinations is administered by the National Board of Medical Examiners. If you have taken any of these examinations, you must request a Record of Scores with a **complete** examination history (include all passing and failing attempts). Submit your request to:

NBME
P.O. Box 48014
Newark, NJ 07101-4814
215-590-9592

This report must be sent directly to the Delaware Board of Medical Practice office. This request can also be obtained online at <http://www.nbme.org/programs/nbmecert.asp>.

The National Board of Osteopathic Medical Examiners (NBOME) Comprehensive Osteopathic Medical Licensing Examination (COMLEX-USA) examinations are administered by the National Board of Osteopathic Medical Examiners. If

you have taken any of these examinations, you must request a complete examination history (include all passing and failing attempts) from the National Board Medical Examiners. Submit your request to:

NBOME
8765 West Higgins Road, Suite 200
Chicago, IL 60631
773-714-0622

This report must be sent directly to the Delaware Board of Medical Practice office. More information can be obtained online at <http://www.nbome.org>

The Qualifying Examination (QE) Part I and Part II are conducted by the Medical Council of Canada for the purpose of awarding the "Licentiate of the Medical Council of Canada" (LMCC). You must request a complete examination history (include all passing and failing attempts) from the Medical Council of Canada. Submit your request to:

Medical Council of Canada
P.O. Box 8234 St. T
Ottawa ON Canada K1G 3H7
613-521-6012

This report must be sent directly to the Delaware Board of Medical Practice office. More information can be obtained online at <http://www.mcc.ca>

7. Verification of Medical Education:

In addition to sending an 8 1/2" X 11" copy of your medical school diploma with your application, the Delaware Board of Medical Practice also requires verification of your medical education using the *Verification of Medical Education* form at www.dpr.delaware.gov/boards/medicalpractice/forms.shtml. If more than one medical school was attended, please provide a copy of this form to each medical school that you attended. **Please complete the upper left and right hand portion of the form listing the name of the institution, etc., as well as your personal information prior to forwarding it.** This report must be sent from the school directly to the Delaware Board of Medical Practice office with the institutional seal affixed. If no seal is available, the completed form must be notarized. **Faxed forms will not be accepted.**

8. Verification of Post Graduate Medical Education:

In addition to sending an 8 1/2" X 11" copy of your Postgraduate Education Training Certificates with your application, the Delaware Board of Medical Practice also requires primary verification of your postgraduate medical education. Please provide a copy of the *Verification of Post Graduate Medical Education* form, available from our website, to each program that you attended. **Please complete the upper left and right hand portion of the form etc., listing the name of the institution, etc. prior to forwarding it.** These reports must be sent from the training institution directly to the Delaware Board of Medical Practice office with the institutional seal affixed. If no seal is available, the completed form must be notarized. **Faxed forms will not be accepted.**

9. Recommendation from Chief of Staff or Chief of Services:

Please complete the top portion of the Recommendation from Chief of Staff or Chief of Service form. Forward this form to the Chief of Staff or Chief of Service in a medical facility where you currently or previously had privileges. **Please complete the upper left and right hand portion of the form by providing the name of the institution, etc., and your personal information prior to forwarding it.** The completed report must be sent directly from the hospital/medical facility to the Delaware Board of Medical Practice office with the institutional seal affixed. If no seal is available, the completed form must be notarized. **Faxed forms will not be accepted.**

10. Verification of Licensure in Good Standing:

The Delaware Board of Medical Practice requires primary source verification from all jurisdictions where you currently hold, or have ever held a medical license, or training license outside of the State of Delaware. **This excludes those physicians who currently hold or previously held a Delaware training license (please list your Delaware training license number on page 3 of the application).** Please check with the individual jurisdictions to determine if any fee is required prior to forwarding the form. The **completed verification of licensure report(s)** must be sent from their office directly to the Delaware Board of Medical Practice. **Internet verifications or FAXED verifications will not be accepted.** The Delaware Board of Medical Practice requires verification with the state board seal affixed.

11. Self Query from the National Practitioner Data Bank (NPDB) and Healthcare Integrity and Protection Data Bank (HIPDB):

The Delaware Board requires a self-query report from the NPDB and HIPDB. A self-query report is a practitioner's request for information in the NPDB and HIPDB about himself or herself. All self-query requests are automatically submitted to both the NPDB and the HIPDB. You may contact the NPDB Help Line at 1-800-767-6732, 8:30 a.m. to 6:00 p.m. Eastern Time (8:30 a.m. to 5:30 p.m. Fridays), or online at <http://www.npdb-hipdb.com>

The response to a practitioner's self-query report is mailed to **your** address on the application. If the mailing address is not identified, the response is sent to the practitioner's home address. When you receive the Response to Self Query Report from the NPDB and HIPDB, review the information to ensure it is accurate. If the report is correct, please submit the **original report** to the Delaware Board of Medical Practice office. **Please do not fax your original report to the board office.**

In addition, a personal interview is required of all applicants. When a completed application is received and it has been through the Board's credentialing process, you will be notified in writing of whom to contact to schedule your interview. A temporary license may be issued at the conclusion of the interview process, if requested, until the Board is able to formally approve the application for licensure at its next scheduled meeting. The temporary license is valid for a 90-day period. Board meetings are held on the first Tuesday of each month, except for the month of July. There are no meetings in

the months of August and December. The Board staff strives to process each application expediently with the average licensure taking one to three months. The amount of time varies depending on the applicant's eligibility status. It is in the applicant's best interest to contact the Board office periodically to check the status of his/her application. You may contact the Board office at 302-744-4507 or by email at Victoria.Hall@state.de.us. Our service standard is to reply to all inquiries as soon as possible.